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STATE OF FLORIDA
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TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33135- 3309-
CONTACT: RAY STORMONT
PHONE: (305) 541-3094
FAX: (305) 541-3770

(((H96000011788))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: AMBER NURSERY & ACCESSORIES, INC.
FAX AUDIT NUMBER: H96000011788
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(5)

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ARTICLES OF INCORPORATION

OF

AMBER NURSERY & ACCESSORIES, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be AMBER NURSERY & ACCESSORIES, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

AMBER NURSERY & ACCESSORIES, INC.
17100 SW 184th Street
Miami, Florida 33186

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Hundred (100) Shares @ $1.00 per value.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michelle Kiernan
17100 SW 184th St.
Miami, FL 33186

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Wendy L. Finn, Accountant
381 N. Krome Ave.
Suite 207B
Homestead, Florida 33030
Tel: 305/248-7481 Fax: 305/242-0809

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ARTICLE V - INCORPORATORS

The names and addresses of the incorporators to these Articles of Incorporation are:

Michelle Kiernan
17100 SW 184th St.
Miami, FL 33186

James Kiernan
17100 SW 184th St.
Miami, FL 33186

Michael L. Fulton
328 S. Mifflin Ave.
Lansing, MI 48912

Nancy C. Fulton
400 Leland Place
Lansing, MI 48917

The undersigned incorporators have executed these Articles of Incorporation this 29th day of July, 1996.

MICHELLE KIERNAN

JAMES KIERNAN

MICHAEL L. FULTON

NANCY C. FULTON

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STATE OF FLORIDA)

COUNTY OF DADE)

Before me personally appeared MICHELLE KIERNAN and JAMES KIERNAN, who being duly sworn, deposes and says that they are the above-named incorporators of AMBER NURSERY & ACCESSORIES, INC. this 6th day of July 1996.

Notary Public, State of Florida

My commission expires:
OFFICIAL NOTARY SEAL
WENDY L FINN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC341182
MY COMMISSION EXP. JAN. 10, 1998

STATE OF MICHIGAN)

COUNTY OF SHIAWASSEE

Before me personally appeared MICHAEL L. FULTON, who being duly sworn, deposes and says that he is the above-named incorporator of AMBER NURSERY & ACCESSORIES, INC., this 22nd day of July, 1996.

NOTARY PUBLIC, STATE OF MICHIGAN

My commission expires:
SHARI ROBERTSON
NOTARY PUBLIC - SHIAWASSEE COUNTY, MI
MY COMMISSION EXPIRES 07/05/00

STATE OF MICHIGAN)

COUNTY OF SHIAWASSEE

Before me personally appeared NANCY C. FULTON, who being duly sworn, deposes and says she is the above-named incorporator of AMBER NURSERY & ACCESSORIES, INC., this 22nd day of July, 1996.

My commission expires:

NOTARY PUBLIC, STATE OF MICHIGAN

SHARI ROBERTSON
NOTARY PUBLIC - SHIAWASSEE COUNTY, MI
MY COMMISSION EXPIRES 07/05/00

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: AMBER NURSERY & ACCESSORIES, INC.

2. The name and address of the registered agent and office is:

MICHELLE KIERNAN
17100 SW 164th St.
Miami, FL 33186

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michelle Kiernan
MICHELLE KIERNAN

4-29-96
DATE

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FLORIDA 32314

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